

**HAWAII STATE ETHICS COMMISSION** 

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470

email: ethics@hawaiiethics.org

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STATE OF HAMAH TTATE ETHICS COMMISSION

## **LOBBYIST REGISTRATION FORM**

(Type or Print Clearly)

	(Type of	Fillit Clearly)			
PART I LOBBYIST					
NAME(Last)	(First)	(Middle)	TELEPHONE		
HAMASAKI	PETER	J.	808-529-7300		
MAILING ADDRESS (Street)			FAX		
500 ALA MOANA BOULEVARD, 5 WATERFRONT PLAZA, SUITE 400, HONOLULU, HI 96813 808-524-8293					
(City)	(State)	(Zip	Code)		
HONOLULU	HAWAII	9	06813-2453		
EMPLOYING ORGANIZATION (Fil	Il in only if you are employed by a business e	entity which has been retained to lobby)	TELEPHONE		
G.A. MORRIS, INC.			808/531-4551		
MAILING ADDRESS (Street)			FAX		
222 SOUTH VINEYARD STREE	T, SUITE 401		808/533-4601		
(City)	(State)	(Zip	Code)		
HONOLULU	HAWAII	9	6813-2453		

PART II ORGANIZATIOI	N				
NAME OF ORGANIZATION YOU	Telephone 808-529-7300				
HAWAII LIQUOR WHOLESALER					
MAILING ADDRESS (Street)	FAX 808-524-8293				
500 ALA MOANA BOULEVARD, 5 WATERFRONT PLAZA, SUITE 400, HONOLULU, HI 96813					
(City)	(State)	(Zip Code)			
HONOLULU	н	96813-2453			
NAME OF PERSON RESPONSIBLE	FOR PREPARING ORGANIZATION'S EXPENDITU	PRES STATEMENT TELEPHONE 808-531-4551			
MELODY BUTAY DACANAY					
MAILING ADDRESS (Street)		FAX 808-533-4601			
222 SOUTH VINEYARD STREET	Γ, SUITE 401				

,	(City)	(State)	(Zip Code)	Zip Code)	
HONOLULU	HI	96813-2453			

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
[]	Agriculture	[ ] Education	[]	Human Services	[]	Science, Technology & Economic Development
[]	Communications & Public Utilities	[X] Government Operations & Finance	[]	Intergovernmental Relations, International Affairs	[ ]	Tourism & Recreation
[]	Consumer Protection & Commerce	[ ] Hawaiian Affairs	[]	Labor & Employment	[]	Transportation
[]	Culture, Arts, Historic Preservation	[] Health	[]	Planning, Land & Water Use Management	[]	Other: (indicate below)
[]	Ecology, Energy Environmental Protection	[ ] Housing	[]	Public Safety & Corrections		
			1			
PAR		N OF LOBBYIST				
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.						
(Date)		(Date)				
PAR		N TO LOBBY				
NAME			TIT	LE OF AUTHORIZING OFFIC	CER OR	PERSON REPRESENTED
KENNETH G.K. HOO SECRETARY FOR HAWAII LIQUOR WHOLESALERS ASSOCIATION						
NAME OF ORGANIZATION (if applicable)			TELEPHONE 808-529-7300			
HAWAII LIQUOR WHOLESALERS ASSOCIATION						
MAILING ADDRESS (Street)			FAX 808-524-8293			
500 ALA MOANA BOULEVARD, 5 WATERFRONT PLAZA, SUITE 400, HONOLULU, HI 96813						
	(City)	(State)		(Zip Co	de)	
	HONOLULU	HI 90		96813	813-2453	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.						
Kennin 16 cft 4-11-05						

(Signature of Authorizing Officer or Person Represented)

(Date)